SUPPLEMENT

TO THE

BRITISH MEDICAL JOURNAL

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Correspondence

REDUCTION OF THE CAPITATION FEE

Sir,—Being one of those who will be subjected to the reduction in the capitation fee, and are willing to "do their bit" during the crisis which hangs over the country, I feel, however, that as no mention is made of the regional medical officers' salaries, these also should be included in the economy scheme. The general practitioner has all the responsibility of the insured patients and any criticisms which they choose to make. I think, too, in view of the cuts being made as an emergency measure, the officials should be approached with a view to some sort of a guarantee being given "that this reduction should be for, and only for, the duration of such an emergency."—I am, etc.,

Felixstowe, Sept. 13th. G. W. Pool, L.R.C.P., M.R.C.S.

Sir,—I feel I must add my voice to those advocating some reduction in the terms of service to go with the reduction in the capitation fee. It is the most elementary principle of economics that one must cut one's coat according to the cloth. If the Government cannot afford what it admits is a fair price for the medical practitioner's *full* services, then the obvious remedy is to reduce the service along with the remuneration. The financial result—to the Government—is the same, and we are told that in this period of "crisis" that is the issue in point. An alternative is to allow the doctor to charge the patient a small fee (say about 3d.) for each panel consultation. It would be no hardship to the genuine case, and an additional recommendation is that it would discourage those who come for "a bottle" because it costs nothing. The saving to the Drug Fund, etc., would add to the economy of the scheme.

The principle of this suggestion is already practised by some "sick clubs" for children, who pay two-thirds or three-quarters of the doctor's bill, but never all of it, and by the national health insurance authorities themselves in the administration of their dental and ophthalmic benefit services.—I am, etc.,

Bradford, Sept. 12th. H. Edelston.

Sir,—The panel practitioner, in common with the rest of ordinary citizens, including the non-panel general practitioner, will have increased direct and indirect taxation to face. The latter includes an increase in the petrol and oil taxes, which in itself reduces net income by increasing working expenses. The panel practitioner is not a civil servant. He has neither salary nor the prospect of a pension. He simply contracts to supply service at so much per head. There cannot be any comparison, therefore, with the civil service in his case. Will food, etc., be further reduced in price because of the emergency? If not, why should our remuneration be reduced? It has already had its post-war reductions.

The position, as I see it, is that the now not over-paid, but much maligned, panel doctor has to shoulder even more than his fellow citizens—namely, a one-ninth reduction of his gross takings, which alone will represent at least one-sixth reduction of the present net income. One must allow for overhead and travelling expenses. The panel practitioner has already borne his full share of sacrifice as regards the capitation fee. This fee is not income, but gross receipts. If gross receipts are decreased, working expenses increased, and his net income subjected to increased taxation, the unfortunate panel practitioner takes three blows to the business man's or the civil servant's two, for the business man's gross income is untouched, and the civil servant has no working expenses.

No doubt there are members of the "old brigade" who made enough capital in the past to stand this shock, but I feel sure that most ex-service men, and men who entered practice shortly after the war, are ill equipped to stand any more and still carry on.—I am, etc.,

Standish, Lancs, Sept. 12th. T. Wilson Shaw.

MEMO. 329/I.C. ON LAX CERTIFICATION

Sir,—It is a well-known saying that statistics can be made to prove anything, and this somewhat prejudiced memorandum is a glaring example of the truth of this. It would seem that the investigations were made with the object of trying to prove by statistics that medical men are signing certificates of incapacity of which a large proportion are untrue, and that the large amount of sickness pay is entirely due to the doctors who are lax in their diagnosis, careless in their methods, ignorant of the real objects of the Insurance Acts, and are, in fact, a thoroughly unreliable and dishonest lot of men!

According to the statistics given it appears there has been an enormous and inexplicable increase in sickness and disablement claims between the years 1921 and 1927. Taking the men, the claims have risen by 41 per cent.; the percentage rise in women (especially the married) was higher.

On page 5 the memorandum states that the number of claimants as regards men were for claims of short duration and among the younger insured persons. Lower down on the same page it states that other causes, economic or otherwise, may have been factors, as: "If over so long a period there had been any corresponding increase of ill-health, there is no apparent reason why it should have manifested itself chiefly in illnesses of short duration, and not to a corresponding extent in cases of serious sickness, causing prolonged incapacity." This argument is unsound. Have they never heard of influenza during these years, an illness that lays people low for a week or two only? It can be positively asserted that the greater care given nowadays to these cases in their early stage has diminished the death rate considerably. If the approved societies prefer to pay death claims rather than sickness pay, let them refuse to allow their members to go on the funds for a few days when they have influenza,

catarrh, chill, coryza, pyrexia, or tonsillitis—the diseases specified as being the most frequent in short illnesses.

Lower down on this page is the following statement: "There is no apparent reason why such a change in general health should have affected women to an appreciable degree more than men, married women more than single women, or young people more than old." Can it really be that those who send out this memorandum do not realize that the sickness rate is always greater among women than men, and more among married women than single women?

Every medical man who has been in practice for thirty or forty years knows quite well that the disposition to claim nowadays is very much greater than it used to be. In fact, the cause of the increasing claims is not the doctor's certificate, but the insured person's altered outlook. How often do insured persons say, "I have paid in a lot of money to this insurance and I am entitled to get something for my money." The undue publicity in the newspapers of matters pertaining to health, the advice to take disease in time, and descriptions of diseases that lead people to think they have got them, all tend to make people nervous about themselves. It is stated that there has been a change of attitude among insured persons during the last ten years, but that "it has never been suggested that these cases are sufficiently numerous to have a substantial effect." This is quite wrong. It is this change of attitude that is the cause of the whole trouble.

Now to another of the points made so much of in this memorandum. An attempt is made to prove that the doctors are so careless in giving certificates that no less than 52 per cent. are of a doubtful character. And the way they try to prove this is as follows. They take the total number of insured persons who were referred to the various regional medical officers—about 380,000. All these, as is well known, receive a notice that they are to be examined by another medical man, a Government official; the doctor also receives a notice to the same effect; and because a large number of these declare "off" when they receive notice it is assumed they are malingerers. The examination is to take place at a certain place at some future date, often ten days or a fortnight. What happens? Very many of the cases would have been declared "off" in any case in a few days; others have a very great objection to seeing another medical man, especially as he is assumed to be hostile, and they are so afraid of being "told off" and sent to work, under suspicion by their society of malingering, that they say to themselves, "No, none of this; I will go 'off' myself." That is a very common attitude. Then remains the 19 per cent. who are declared by the regional medical officer to be fit for work. There are many cases in which the opinions of the regional medical officer and the medical attendant differ. Many occur in which, in spite of the regional medical officer certifying the patient fit for work, the medical attendant disagrees and still certifies. These instances occur especially in cases of pregnancy and married women with uterine complaints.

Now with regard to the scrutiny of the certification of individual practitioners. I would first observe that the towns selected were all large industrial towns mostly in the North of England, and that as only those were investigated who had had fifty cases referred in two years, the practices must have been very large. No less than 53 per cent. were stopped their sick pay after reference. This is a most serious state of affairs. How can we account for it?

At the bottom of page 14 it is stated that exceptional care in certification is exercised by 10 per cent. of the practices, and yet the proportion of those ceasing benefit after reference "did not exceed 41 per cent." in these practices where exceptional care had been taken. Therefore, we may take it that 41 per cent. is a normal proportion. The difference between the careful practitioner and the other who gives certificates more freely is, therefore, not so great as would appear, being the difference between 41 and 53.

On interviewing certain practitioners whose certification was above the normal, and asking for an explanation, it is stated that "a substantial proportion" stated that it was the fear of losing patients that led them to give certificates not in accordance with their medical judgement. In my opinion this is a most serious and damaging confession, and one that should be at once investigated. Medical men who lose patients because they act honestly and conscientiously should be protected. All cases where an insured person has changed his doctor on this account should be reported, and the insured person asked for an explanation. If true, he should be expelled from national insurance at once. The investigation would also show the doctors who have the character of being "easy" with their patients, and they could be noted. The panel committee would soon put a stop to that.—I am, etc.,

ARTHUR E. LARKING, M.D.
Secretary, Hastings Local Medical and Panel Committee.

Beckley, Sussex, Aug. 10th.

VETERANS OF 1900

SIR,—I am glad indeed to know that "Rees of Wigan," as we knew him in the days of the Representative Meeting at Oxford, is still with us. He is mistaken, however, with regard to my statement, which was made in, and in respect of, the Representative Meeting only. Even then I was wrong in that I overlooked "Todd of Sunderland," who is still as hearty as of yore. Sir James Smith Whitaker is still flourishing. It would not be unfitting if those of us who remain could forgather at the Centenary Meeting next year, and dine together to celebrate the birthday and success of our adopted child. Would any of the survivors please write to me if they could come.—I am, etc.,

Cranford, Middlesex, Aug. 24th. ELWIN H. T. NASH.

SIR,—Surely the scythe of time has dealt more gently with the original members of the meeting in Manchester in 1900 than either Dr. Nash or Dr. Ferdinand Rees imagines. I was present on that occasion, and remember seeing and hearing Dr. Cox, our Medical Secretary, and also Dr. Smith Whitaker, of the National Health Insurance Commissioners, who are still happily with us. Dr. Cox represented a society in Newcastle, and Dr. Smith Whitaker, I believe, came from Yarmouth. But the most interesting fact to me in connexion with that meeting was its *fons et origo*, a matter which may be of some historical interest to present members of the Association.

There was a society known as the Manchester Medical Guild which, during the 'nineties, was doing good work in Manchester and district, mainly on behalf of the general practitioners. At one meeting of the guild a letter was read from Dr. Samuel Crawshaw of Ashton-under-Lyne, in which he suggested that the guild should initiate a movement to organize the medical profession on the lines of the National Union of Teachers. The British Medical Association was then mainly a scientific body, and very far from being representative of the profession. The members of the guild considered the letter, and were generally of the opinion that the idea was outside the scope of the society, and it was on the point of being turned down. One member, however, struck by the earnestness and enthusiasm displayed in Dr. Crawshaw's letter, suggested that, before shelving the matter, Dr. Crawshaw should be given an opportunity of putting his views in person before the guild at a subsequent meeting. He came, he spoke, he conquered; and then began a search in medical and other directories for the existence of medical societies, to which invitations were sent out to a meeting, which took place in the Albert Hall, Manchester. The meeting decided to approach the British Medical Association with a view to getting the Association to adopt a scheme to make it more representative of the profession. If the Association should decline (and it was far from certain that it would agree), the meeting suggested the formation of a rival association. After prolonged negotiations the Association re-formed itself and took on its present representative character. Owing to its added strength and influence, it took the guild in its stride and gobbled it up—the fate of many a good missionary.—I am, etc.,

Burnage, Manchester, Aug. 30th. ALEX. FRASER, M.D.

*** This interesting letter refers to a period in the history of the Association which was admirably described in the *Journal* of June, 1924, by the late Dr. J. C. McVail. Reprints of these essays, in booklet form, may be obtained on application to the Medical Secretary.

Association Notices

BRANCH AND DIVISION MEETINGS TO BE HELD

DORSET AND WEST HANTS BRANCH: WEST DORSET DIVISION.—A social meeting of the West Dorset Division will be held at Weymouth College on Thursday, September 24th, at 3 p.m. There will be an exhibition of "brass rubbings" that have been prepared by Dr. Dru Drury, and which are considered of great beauty and interest. Dr. Dru Drury will be present to explain them. The head master and Mrs. Pite have kindly asked members to tea after the meeting. All members and their friends are cordially invited.

METROPOLITAN COUNTIES BRANCH: CITY DIVISION.—A general business meeting of the City Division will be held on Tuesday, September 22nd, at 9.30 p.m., at the Metropolitan Hospital, Kingsland Road. Several important matters, including birth control instruction at clinics by public health officers, and the formation of a National Health Insurance Subsection of this Division, will be discussed. All members are asked to bear in mind the date of the annual dinner-dance, to be held at the Park Lane Hotel, Piccadilly, on Thursday, December 3rd, at 8.15 p.m.

METROPOLITAN COUNTIES BRANCH: SOUTH MIDDLESEX DIVISION.—A dinner will be held on Thursday, October 1st, at 8.45 p.m., to be followed by an address by Dr. R. Langdon-Down on the Mental Treatment Act, 1930.

NORTH OF ENGLAND BRANCH: BLYTH DIVISION.—A meeting of the Blyth Division will be held in the Thomas Knight Memorial Hospital, Blyth, at 8.30 p.m. on Wednesday, September 30th. Agenda: Proposal of Central Council that the Division adopt resolutions under its Ethical Rules concerning (*a*) scale of salaries of whole-time public health medical officers, (*b*) domiciliary attendance by whole-time medical officers; report of representative to Annual Meeting at Eastbourne in July; annual report of North of England Branch.

NORTH OF ENGLAND BRANCH: NORTH NORTHUMBERLAND DIVISION.—A meeting of the North Northumberland Division will be held in the Infirmary, Alnwick, on Tuesday, September 22nd, at 3 p.m. Agenda: Arrangements for winter programme; report of representative. Tea will be provided after the meeting.

NORTH WALES BRANCH.—A lecture will be given by Professor John Hay, at Colwyn Bay, on Tuesday, September 22nd, at 2.45 p.m. It will be illustrated by lantern slides, and there will be a demonstration of the electrocardiograph.

YORKSHIRE BRANCH.—The next meeting of the Yorkshire Branch will be held in the Grand Hotel, Scarborough, on Saturday, September 26th, at 3 p.m. Communications on clinical subjects will be made by Mr. A. D. Sharp, Mr. A. Richardson, Dr. C. W. Vining, and Dr. J. T. Ingram. Members and their wives are invited to tea at 4.30 p.m. At 7 p.m. a dinner will be held in the hotel (price 6s. 6d.). Members intending to be present should inform Dr. Guy L. Thompson, 16, Ramshill Road, Scarborough. The management of the hotel offer special terms to members and their wives for the week-end; members to make their own arrangements. The Spa management invite members of the British Medical Association to attend the spa and spa ballroom (free of charge) on Saturday night.

Meetings of Branches and Divisions

EDINBURGH BRANCH: EDINBURGH AND LEITH DIVISION

At a meeting of the Edinburgh and Leith Division, held in the Scottish House on July 7th, Dr. JOHN M. BOWIE, chairman of the Division, presided over an attendance of forty members.

The Supplementary Report of Council was considered paragraph by paragraph. Subject to a later consideration of para. 147, the report was generally approved, and the representatives were instructed to act accordingly in the Annual Representative Meeting. In connexion with para. 150, however, the opinion was expressed and approved that nothing hard-and-fast should be laid down meantime.

A general discussion took place regarding the present position of the B.M.A. Charities Funds, and a recommendation from the Executive Committee that it be left to the representatives and to the Division and charities secretaries to take such action in the Annual Representative Meeting and in the Secretaries' Conference respectively as they might consider proper in the circumstances, was approved.

It was reported that the Medical Secretary was to retire in 1932, and that a movement was on foot to recognize his eminent services to the Association by a presentation to him of his portrait. The Division unanimously supported this proposal.

The Division proceeded to consider the memorandum which had recently been sent to the Lanarkshire County Council on the subject of the co-ordination of the health services. The Executive Committee's recommendation that a subcommittee consisting of the chairman, Drs. Baxendine, Wilkie Millar, Malcolm Macnicol, Robb, Tough (general practitioners), Dr. Findlay, Mr. Lees (public health representatives), Dr. James Young, Mr. Struthers (consultants), and the honorary secretary be appointed to consider and report, was approved, the reference being to consider the relationship of the general practitioner to health services, including a consideration of the British Medical Association memorandum on encroachments on the sphere of the general practitioner, the memorandum on out-patients, and the Lanarkshire memorandum.

The Executive Committee's recommendation to hold the usual reception for the July graduands in medicine at Edinburgh University on July 22nd was approved. The chairman of the Division agreed to address the graduands regarding the aims and objects of the British Medical Association, and it was decided to ask Dr. John Towart, president of the Medical and Dental Defence Union of Scotland, to speak on the aims and work of that body.

The SECRETARY read a letter from the Acting Scottish Medical Secretary regarding the revised constitution of the Scottish Committee, and asking that the Division should now elect two representatives on the committee. After a vote Drs. James Young and Tough were elected.

Naval and Military Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Commanders H. Hurst to the *Victory*, for Haslar Hospital; W. H. Murray to the *Tamar*, for R.N. Sick Quarters, Wei-hai-Wei, and as Medical Officer in Charge, Wei-hai-Wei; R. F. Quinton to the *Vivid*, for R.N. Barracks, Devonport; G. F. Syms to *Victory XI*, for R.N. Hospital, Portland.

Surgeon Lieutenant D. C. Drake to be Surgeon Lieutenant Commander.

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenant Commander R. W. H. Tincker to the *Pembroke*, for R.N. Barracks.

ROYAL ARMY MEDICAL CORPS

Lieut.-Col. M. D. Ahern, O.B.E., having attained the age for compulsory retirement, is placed on retired pay.

Major (temporary Lieut.-Col.) E. M. Middleton, O.B.E., to be Lieutenant-Colonel.

Major G. F. Dawson, M.C., to be temporary Lieutenant-Colonel.

Lieutenant J. M. Gibson is placed on the half-pay list on account of ill-health.

ROYAL AIR FORCE MEDICAL SERVICE

Squadron Leaders A. J. O. Wigmore to Marine Aircraft Experimental Establishment, Felixstowe; G. S. Marshall to Central Medical Establishment; D. McLaren to Depot, Uxbridge.

Flight Lieutenants P. H. Perkins to Medical Training Depot, Halton; F. E. Lipscomb to Pathological Laboratory, Halton; A. S. Burns to Station Headquarters, Northolt.

MILITIA

ROYAL ARMY MEDICAL CORPS

Major R. MacKinnon retires on attaining the age limit, and retains the rank of Major.

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

Lieutenant T. A. A. Hunter to be Captain.

INDIAN MEDICAL SERVICE

Majors to be Lieutenant-Colonels: R. H. Candy, J. C. Bharucha, H. Hingston, F. J. Anderson, M.C., P. F. Gow, D.S.O., H. J. M. Cursetjee, D.S.O., J. S. S. Martin, R. V. Morrison, E. S. Goss, M.C., A. W. Duncan.

The promotion of Major G. V. Ram Mohan to the rank of Major has been antedated to October 20th, 1928.

VACANCIES

ABERDEEN ROYAL INFIRMARY.—J.A.S.

ACCRINGTON: VICTORIA HOSPITAL.—H.S.

ALTRINCHAM GENERAL HOSPITAL.—J.H.S.

ANCOATS HOSPITAL, Manchester.—Resident Surgical Officer.

BATLEY AND DISTRICT HOSPITAL.—R.H.S. (male).

BEDFORD COUNTY HOSPITAL.—A.H.S. (male).

BIRMINGHAM EDUCATION COMMITTEE.—Two A.S.M.O. (women).

BIRMINGHAM GENERAL HOSPITAL.—Medical Registrar and R.M.O.

BIRMINGHAM PUBLIC HEALTH DEPARTMENT.—(1) A.M.O. in the Tuberculosis Section. (2) J.A.M.O. (male) at the Little Bromwich Hospital for Infectious Diseases.

BIRMINGHAM: ST. CHAD'S HOSPITAL.—R.M.O.

BIRMINGHAM: SELLY OAK HOSPITAL.—C.O. (male).

BLACKBURN COUNTY BOROUGH.—A.S.M.O. and A.M.O.H. (male).

BRADFORD CITY SANATORIUM, Grassington, Yorkshire.—H.P.

BRISTOL: COSSHAM MEMORIAL HOSPITAL, Kingswood.—H.S.

BURNLEY COUNTY BOROUGH.—A.M.O.H.

CHESHIRE COUNTY COUNCIL: WRENBURY HALL TUBERCULOSIS TRAINING COLONY.—R.H.P.

CHESTER ROYAL INFIRMARY.—H.S. (male).

EXETER: ROYAL DEVON AND EXETER HOSPITAL.—C.O. and H.S. to Special Departments.

GATESHEAD DISPENSARY.—A.M.O.

GREAT YARMOUTH GENERAL HOSPITAL.—H.S. (male, unmarried).

GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.—H.S.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.1.—(1) H.S. (2) H.P.

HULL: VICTORIA HOSPITAL FOR SICK CHILDREN.—Honorary P.

LEICESTER ROYAL INFIRMARY.—(1) Resident Assistant Anaesthetist. (2) Two Surgical Dressers. (3) Assistant Pathologist.

LIVERPOOL EYE AND EAR INFIRMARY.—H.S. to Ophthalmic Department.

LIVERPOOL HEART HOSPITAL.—Honorary A.P.

LIVERPOOL: ROYAL SOUTHERN HOSPITAL.—(1) H.P. (2) M.O. to the Special Departments and Resident Anaesthetist.

LIVERPOOL AND SAMARITAN HOSPITAL FOR WOMEN.—H.S.

LONDON COUNTY COUNCIL: HAMMERSMITH HOSPITAL, Ducane Road, W.12.—A.M.O.

LONDON FEMALE LOCK HOSPITAL, 283, Harrow Road, W.9.—H.S. (female).

LONDON HOMOEOPATHIC HOSPITAL, Great Ormond Street, W.C.1.—R.M.O.

LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL.—R.H.S.

LOWESTOFT AND NORTH SUFFOLK HOSPITAL.—J.H.S.

MANCHESTER ROYAL EYE HOSPITAL.—J.H.S.

MANCHESTER ROYAL INFIRMARY.—(1) J.A.M.O. in Radiological Department. (2) R.M.O. at the Barnes Convalescent Hospital, Cheadle, Cheshire.

MARGATE: ROYAL SEA BATHING HOSPITAL FOR SURGICAL TUBERCULOSIS.—H.S. (male).

METROPOLITAN HOSPITAL, Kingsland Road, E.8.—(1) S.H.P. (2) J.H.P. (3) S.H.S. (4) J.H.S. (5) Two C.O. Males.

NATIONAL HOSPITAL, Queen Square, W.C.1.—Assistant Registrar.

NORFOLK AND NORWICH HOSPITAL, Norwich.—(1) H.S. to the Special Departments. (2) H.P.

NOTTINGHAM CITY EDUCATION COMMITTEE.—J.A.S.M.O.

NOTTINGHAM GENERAL HOSPITAL.—H.P.

NUNEATON GENERAL HOSPITAL.—H.S.

PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY.—H.S. (male).

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.2.—(1) H.P.

RICHMOND, SURREY: ROYAL HOSPITAL.—(1) J.H.S. (male). (2) Honorary Surgeon in Charge of the Ear, Nose, and Throat Department.

ROCHDALE INFIRMARY AND DISPENSARY.—J.H.S.

ROYAL NATIONAL ORTHOPAEDIC HOSPITAL.—Honorary A.S.

ROYAL WATERLOO HOSPITAL FOR CHILDREN AND WOMEN, Waterloo Road, S.E.1.—(1) H.S. (2) C.O. Males.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Two H.S.

ST. ALBANS AND MID-HERTS HOSPITAL AND DISPENSARY.—R.S.O.

ST. BARTHOLOMEW'S HOSPITAL.—Dental H.S.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN, Leicester Square, W.C.2.—Junior Honorary Medical Registrar.

ST. MARY'S HOSPITAL, W.2.—Obstetric Registrar.

SCARBOROUGH HOSPITAL AND DISPENSARY.—Two H.S.

SHEFFIELD: JESSOP HOSPITAL (FIRTH AUXILIARY), Norton.—R.M.O.

SHEFFIELD: JESSOP HOSPITAL FOR WOMEN.—(1) Senior R.O. (2) Two A.H.S. Males.

SHEFFIELD ROYAL HOSPITAL.—(1) Ophthalmic H.S. (2) Anaesthetist.

SHEFFIELD: ROYAL INFIRMARY.—(1) Assistant Aural and Ophthalmic H.S. (2) H.S. and Second Assistant C.O.

SOUTHAMPTON COUNTY BOROUGH.—A.M.O.H.

STAFFORDSHIRE COUNTY COUNCIL.—Assistant Bacteriologist and Pathologist.

SUNDERLAND: CHILDREN'S HOSPITAL.—R.M.O.

SWANSEA COUNTY BOROUGH: INFECTIOUS DISEASES HOSPITAL.—R.M.O.

TAUNTON AND SOMERSET HOSPITAL.—A.H.S. (lady).

WALLASEY: VICTORIA CENTRAL HOSPITAL.—(1) S.H.S. (male). (2) J.H.S.

WELLS (SOMERSET) MENTAL HOSPITAL.—A.M.O. (male, unmarried).

WINSLEY SANATORIUM, near Bath. A.R.M.O. (male).

WOLVERHAMPTON: ROYAL HOSPITAL.—Honorary Fracture and Orthopaedic Surgeon.

WOOD GREEN URBAN DISTRICT COUNCIL.—A.M.O.

WORTHING HOSPITAL.—H.S.

CERTIFYING FACTORY SURGEON.—The appointment at Alston (Cumberland) is vacant. Applications to the Chief Inspector of Factories, Home Office, Whitehall, S.W.1.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Tuesday morning.

APPOINTMENTS

HADDOW, W., M.B., Ch.B., Certifying Factory Surgeon for the Kirkham District, Lancashire.

POST-GRADUATE COURSES AND LECTURES

FELLOWSHIP OF MEDICINE AND POST-GRADUATE MEDICAL ASSOCIATION, 1, Wimpole Street, W.1.—*Infants Hospital*, Vincent Square, S.W.1: Second week of Post-Graduate Course in Diseases of Infants, every afternoon at 2 p.m.; fee £1 11s. 6d. *Westminster Hospital*, S.W.1: Second week of Course in Medicine, Surgery, and the Specialties (men only), daily, 10.30 a.m., to 5.30 p.m.; fee £3 3s. Copies of syllabuses and tickets of admission may be obtained from the Fellowship of Medicine.

CENTRAL LONDON THROAT, NOSE AND EAR HOSPITAL, Gray's Inn Road, W.C.1.—Fri., 4 p.m., Mr. W. A. Mill, Earache in the Normal Ear.

ST. MARK'S HOSPITAL, City Road, E.C.1.—Thurs., 4.30 p.m., Mr. L. E. C. Norbury, Benign Strictures of the Rectum.

LIVERPOOL UNIVERSITY CLINICAL SCHOOL ANTE-NATAL CLINICS.—Royal Infirmary: Mon. and Thurs., 10.30 a.m. Maternity Hospital: Mon., Tues., Wed., Thurs., and Fri., 11.30 a.m.

British Medical Association

OFFICES, BRITISH MEDICAL ASSOCIATION HOUSE
TAVISTOCK SQUARE, W.C.1

Departments

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager. Telegrams: Articulate Westcent, London).

MEDICAL SECRETARY (Telegrams: Medisecra Westcent, London).

EDITOR, BRITISH MEDICAL JOURNAL (Telegrams: Aitiology Westcent, London).

Telephone numbers of British Medical Association and British Medical Journal, Museum 9861, 9862, 9863, and 9864 (internal exchange, four lines).

SCOTTISH MEDICAL SECRETARY: 7, Drumsheugh Gardens, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 24361 Edinburgh.)

IRISH MEDICAL SECRETARY: 16, South Frederick Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 4737 Dublin.)

Diary of the Association

SEPTEMBER

18 Fri. London: Public Health Committee, 2.30 p.m.

22 Tues. City Division: Metropolitan Hospital, Kingsland Road, 9.30 p.m., General Business Meeting.
North Northumberland Division: Infirmary, Alnwick, 3 p.m.
North Wales Branch: Colwyn Bay, 2.45 p.m. Lecture by Professor John Hay.

24 Thurs. London: Insurance Acts Committee, 11.30 a.m.
West Dorset Division: Weymouth College, 3 p.m. Social Meeting.

25 Fri. London: Mental Deficiency Committee, 2.30 p.m.

26 Sat. Yorkshire Branch: Grand Hotel, Scarborough, 3 p.m. Dinner, 7 p.m.

30 Wed. Blyth Division: Thomas Knight Memorial Hospital, Blyth, 8.30 p.m.

OCTOBER

1 Thurs. South Middlesex Division: Dinner, 8.45 p.m. Followed by an address by Dr. R. Langdon-Down.

2 Fri. London: Ophthalmic Committee, 2.30 p.m.

7 Wed. London: Regulations and Standing Orders Subcommittee of the Organization Committee, 2.30 p.m.

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcement of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

BIRTH

ROBERTSON.—On September 9th, at 27, Southgate Street, Winchester, to Eleanor Margaret, the wife of Dr. Kenneth Robertson, M.B., B.S., a daughter—Jennifer Margaret.

DEATH

BLURTON.—On September 6th, suddenly, at 11, Radcliffe Road, West Bridgford, Nottingham, Gilbert Blurton, M.B., B.S.Lond., M.R.C.S., L.R.C.P., aged 39, son of Dr. J. F. and Mrs. Blurton.

LEONARD.—Very suddenly, on August 16th, 1931, at Kaduna, Northern Provinces, Nigeria, Lieut.-Col. T. M. Russell Leonard, D.S.O., Assistant Director, Medical and Health Service, West African Medical Staff.

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